

Health Department, City of Baltimore.

Permit No. **A 461**

Office of Registrar of Vital Statistics.

Ward **19th**

The Physician who attended any person in a last illness is required for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 18th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Ann J. Bealmer**

Sex, ~~Male~~ or **Female**, { Cross out the word not required in this line. }

Age, **78** Years, Months, Days.

Color, **White**

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Housekeeper**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Maryland**

Duration of Residence in the City of Baltimore, **about 28 years**

Place of Death, { Give Street and Number. } **199 A. Howard St.**

Cause of Death, { First (Primary), } **Softening of Brain**

{ Second (Immediate), }

Duration of Last Sickness, **Several years**

All the above information should be furnished by the Physician.

Place of Burial, **London Park Cemetery**

Date of Burial **June 20th 1887**

Undertaker, **Stewart Mowma** M. D.

Place of Business, **215 & 217 Park Ave** Medical Attendant.

Address, **1008 Mad Am**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 462 Office of Registrar of Vital Statistics.

Ward 1st

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CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, Robert Conway
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 44 Years, 4 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, Baltimore, Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 2505 Canton Ave
{ Give Street and Number. }

Cause of Death, meningitis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, June 20th

Undertaker, Wm Schaeffer M. D.

Place of Business, #8 S. Front St Address, 141 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below, and to those of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 463 Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvyn Pratt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, _____ Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 320 Chestnut

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 320 Chestnut St

Cause of Death, { First (Primary), Whooping Cough
Second (Immediate), One week Convulsion }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, June 20 1887

Undertaker, Herold & Sons

E. C. Baldwin

M. D.

Medical Attendant.

Place of Business, 414 Con. Market Address, 304 N. Euter

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[OVER.]

Health Department, City of Baltimore.

Permit No.

A 464

Office of Registrar of Vital Statistics.

Ward

11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Chas. H. Williams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

ed

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balto.

Duration of Residence in the City of Baltimore,

a life

Place of Death,

Give Street and Number.

534 Preston St.

Cause of Death,

First (Primary),

Second (Immediate),

Meningitis
Spasm

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel

Date of Burial,

June 21/88

Undertaker,

Alex. Hamster

Medical Attendant.

G. A. Fleming M. D.

Place of Business,

561 Orchard St. Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Baltimore.

Permit No. A 465 Office of Register of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 19, 1887.

Full Name of Deceased, Oliver Clark

Sex, Male or Female, Male

Age, one Years, five Months, twelve Days.

Color, African

Married, Single, Widow or Widower, Single

Occupation, Baltimore Md

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, 1 yr 5 mo. 12 da.

Place of Death, #711 West 11th

Cause of Death, Measles

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, June 20, 1887

Undertaker, Alex Hensley

Place of Business, 561 Arch St

Address, 406 N. Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 466 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Burkman

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 32 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Foreman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bethlehem Pennsylvania

Duration of Residence in the City of Baltimore, Since Infancy

Place of Death, { Give Street and Number. } #1339 Mill St.

Cause of Death, { First (Primary), Chronic Interstitial Nephritis
Second (Immediate), Insanition }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30, 1887

{ Undertaker, B. Harle } J. M. Latham M. D.

{ Place of Business, 115 West St. } Address, 2021 N. Charles St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department City of Baltimore.

Permit No.

467

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzy D. Deppe
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 39 Years, Months, Days
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, House work
Birth Place, { State or country, and how long in the United States, if of foreign birth. } St Mary Co ind
Duration of Residence in the City of Baltimore, 35 years
Place of Death, { Give Street and Number. } 15 Swan st
Cause of Death, { First (Primary), Bunches Catarrh
Second (Immediate), Asphyxiation
4 weeks
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, June 20 1887
{ Undertaker, William A. Dugan, J. E. Gonsouls M. D.
Place of Business, 150 East St Address, 150 East St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 418

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lotta Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6

Years,

Months,

Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, city

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, city

Place of Death, { Give Street and Number. }

22 Eutaw Court
Scrofula

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, June 20 1887

Undertaker, A. Wallace

Place of Business, 141 Howard St

R. M. Belt

M. D.

Medical Attendant.

Address, 1010 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A-469

Office of ~~Registration~~ Statistics

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, Susan Morris
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 49 Years,

Color, Colored Months,

Days.

~~Married~~, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Housekeeper

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, Give Street and Number. 506 Elbow Lane

Cause of Death, First (Primary), Second (Immediate), Carcinoma of left breast

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Liberty Cemetery

Date of Burial, June 20 1887

Undertaker, A. M. Hall

Place of Business, 641 Howard St.

Address, 1019 S. Hill ave. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A. 470 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Byrne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow, or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, { Give Street and Number. } 1745th Clem St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bronchitis

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 20th 1887

Gas P. Byrne Undertaker, John B. Monahan M. D. Medical Attendant.

302 N. Gay Place of Business, Address, 51 W. Calver St. & Read

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]